



City of Long Beach  
**DEPARTMENT OF HUMAN RESOURCES**  
**VOLUNTARY FURLOUGH PROGRAM**  
**DONATION OF ACCRUED PAID LEAVE**

**EMPLOYEE REQUEST**

I wish to donate accrued paid leave to the General Fund as follows:

Hours: \_\_\_\_\_ Vacation  
\_\_\_\_\_ Personal Holiday  
\_\_\_\_\_ In-Lieu Holiday  
\_\_\_\_\_ Overtime  
\_\_\_\_\_ Executive Leave

Total number of hours donated:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Department/Bureau/Division

I understand that I may donate accrued paid leave (8,9 or 10-hour days) during the 2003/2004 fiscal year to the General Fund. I also understand that the donation (vacation, personal holiday, in-lieu holiday, overtime, executive leave) is irrevocable upon approval of the Department of Human Resources.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

**DEPARTMENT APPROVAL**

I have verified the accuracy of the data submitted above.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

**HUMAN RESOURCES APPROVAL**

\_\_\_\_\_  
Director of Human Resources or Designee

\_\_\_\_\_  
Date